

3. A check or money order for the deposit

Information for the Initiation of Water/Sewer/Trash Service

Name							
Last				<u> </u>	First		
Address							
Number			Street Name	Street Name		er Z	p Code
*Social Security Number							
Driver's License							
Number				St	State		p. Date
Daytime Phone			Other Pho	one			
Place of Employment							
Billing Address if Different from Service Address							
Service Start Date Water is turn					n Monday-Frida	ay Only	
Have yo	u had pri	or water serv	vice with the City of Wi	chita Falls?	YES	NO	
MAIL TO: City of Wichita Falls PO Box 1440 Wichita Falls, TX 76307-7532				<u>FAX TO:</u> (940) 761-8879			
PLEASE INCLUDE: 1. The completed application form 2. A copy of your driver's license				DEPOSITS Single Far Multi-Uni	mily \$75.00	er unit	

^{*}Disclosure of your Social Security Number is voluntary. The City requests this information solely for identification and collection purposes. This information will not be released to unauthorized persons.